

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							FILE NUMBER
1. IS THIS AN AMENDMENT?	ĭXÍ No	Yes If Yes	, please ente	r the file numb	per in this bo	x →	
	<u>, </u>	RMATION: Fill	in all applic	able boxes a	as fully and	accurat	elv as possible
2. Last Name VIII & C		irst Name	Middle N		Nickname	aooaran	3. Type of Committee (Check one)
	_	- .	T.				☑ Candidate's Principal Committee
renguite		<u>lerri</u>	000	anne			☐ Exploratory Committee
4. Mailing Address				5. FAX (Optional)		6. E-mail A	Address (Optional)
1838 Potoma	CF	ave.		()		+ρε/	19uite@gmail.com
[7. City , / .	State	ZIP Code	8. County		elephone (Day)	. · ·	10. Telephone (Evening)
Indianapolis	IN	46226	Mario	7 /21	7.874-6	2/7	Same
11. Party Affiliation	ı			1 1 11 11 11 11 11 11 11 11 11 11 11 11	lude district numb	er, if any. No	ot required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☑ Repu	blican [Other	C	ty-Coun			Dist. 13
SECTION B. COMMITTEE	INFO	RMATION: Fill	in all applic	able boxes a	as fully and	accurat	ely as possible.
13. Full Name of Committee (Do not ab				_		^	City-County
Friands to F	100	+ TACCI N	Miller	- Pena	wite	for	Council
14. Mailing Address	is a new	address		15. FAX (Options	4		Address (Optional)
7838 Potomac	Ave	3				+100	anita amail and
17. City	State	ZIP Code	18. County	19.7	Telephone	11001	nguite@gmail.com 20. Committee Organization Date
Indianapolis			11		10 001		MM-DD-YY)
		<u> </u>	Vario	his is a new chairp	11)014	-6512	02-23-15
21. Chairperson's Full Name D	signate C	Candidate as Chairperso	n L Check in	nis is a new chairp	erson		
22. Mailing Address	is a new	address		23. FAX (Optional	1()	24. E-mail	Address (Optional)
				() .			ł
25. City	State	ZIP Code	26. County	27. 1	Telephone (Day)		28. Telephone (Evening)
				,	,		
29. Bank or Other Depositories (List al	l banks o	or other depositories in w	vhich the committe	ee deposits funds, l	holds accounts, re	nts safety d	eposit boxes or maintains funds.)
				•		-	
30. Exploratory Committee (Give brief sta	tement exc	plaining purpose of an explora	atory committee only.	31. Salaries and	d Reimbursemen	ts (Will the	committee pay the candidate a salary or
)		oraning par page or an original					a copy of the contract.) 🗖 No 🔲 Yes
CECTION C APPOINTME	NT O	T TDE ACUDED	(10 2 0 1 14)		*		
SECTION C. APPOINTME 32. I, as Chairperson of the		F TREASURER			Signature	of the Com	nmittee Chairperson
committee, appoint the followir				\wedge	1		
Treasurer of the Committee.	.g po.o	1erri	Miller	Pengo	site les	us M	Illes - Penquite
33. Treasurer's Full Name A Design	nate cand	didate as treasurer	Check if this is a	new treasurer			0
·							
34. Mailing Address	is a new	address		35. FAX (Optiona	11)	36. E-mail	Address (Optional)
				, ,			i
37. City	State	ZIP Code	38. County	39. 7	Telephone (Day)		40. Telephone (Evening)
•			1				
CECTION D. ACCEPTAN) CE OE	ADDOINTMEN	T (10 2 0 1 1	[()		
SECTION D. ACCEPTANG 41. I give notice that I accept		APPOINTMEN			Ciamatum of D	araan Aaa	enting Aspelatment
Committee. I am not the chair							
permitted for a candidate commit				ou (Cacopi ac	Ten 7	Till	er-Pengents
<u> </u>		OF STATEMENT					FOR OFFICE USE ONLY
We certify as the candidate an	d the	duly appointed Ch	nairperson of			have	
examined this statement. To the	best of	our knowledge and		, correct and co	omplete.		FILED
42. Typed or Printed Name of Cha	airperso	on Signature of	Chairperson		Date (MM-DD-)		
Tecci Miller-Pa	no	with Jen	Mill	es- Pan-	elsto 1	02-2	3-15-
43. Typed or Printed Name of Car	ndidate	Signature of	Candidate	1	Date (MM-DD-)	$\frac{\omega}{m}$	3-15 EB 24 2015
To M. 1/2 = ()_	1	".m	11. 5	-1	220 -	3 This a. Eldudge
Jerri Miller-F	eng		4/1/14	Ves-Tes	rolleto	Ud-d	Spring a. Eldridge
Warning: State law requires that any o							7
who knowingly files a fraudulent report report as required by the Indiana Campa							
penalties (IC 3-9-4-16, IC 3-9-4-17, and				,			





State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS; Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes N

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check If this is a new recommendation.		· · · · · · · · · · · · · · · · · · ·		
MASCARI (ITY COUNTY COUNCIL	ianic			
2. Acronym or Abbreviated Name (If any)	3. Committee Tel	anhone Mumba		
	I .	-	, 7 <i> 1317</i> 788 - ¢ 5	
4. Mailing Address (address where all campaign finance correspondence is received)	nack if this is a new		1 (51// /00-0)	
4/11 Pak MEADOW CT	1.10 10 4 1.00			
	6. Party Affiliation	(If applicable)	· · · · · · · · · · · · · · · · · · ·	
BEECH GROVE IP 46107	i	OCRAT		
CANDIDATE INFORMATION (For Candidate's Co				
7. Full Name of Candidate (include any nickname)	8. Party Affiliation		nt Candidate	
FRANK MASCARI		CLRAT		
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Res		· • • • • • • • • • • • • • • • • • • •	
(ITY LOWNLY COUNTED DISTRICT 2)				
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY	
11. Chack one:		Check one:		
Pre-Pitmany Pre-Election Annual Nomination Other		Pre-Convention		
Final/Disbands Committee flines 18, 19, and 20 must be "0") La Outgoing Treasurer (within 10 days amend Stelement of C	Organization)	Post-Con	vention	
12. Reporting Period:	GOI	UMN A	COLUMN &	
From: 1/1/15 Through: 2/19/15		Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.	37,	14		
14. Cash on hand and investments January 1, current year,				
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts Include in-kind contributions and loans, as well as each contributions.) 16a. Itemized (use Schedule A)				
15b. Unitemized		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
15c Add lines 45t and 45th beath and	·	0		
16 Add libon 12 and 15- in Column A and 5				
EXPENDITURES	YAL 37	7, 14		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)				
17b. Uniternized		0	2.	
17c. Add lines 17a and 17b in both columns	·	0		
16 Cook on hand and lavester at a large of the		2		
19. Debts OWED BY the committee (use Schedule D)	OTAL 3	7. 14		
20. Debts OWED TO the committee (use Schedule E)		0		
(Man Coll Indian) (M)	Li	0		

CERTIFICATION					
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE A	AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.				
Signature of Treasure Title TREASURE	Dole I val				
Signature of Captigate (If applicable)	2/19/15				
WARNING: Any information contelhed in this report may not be copied for sale or used for any commercial purpose, (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony, (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campatgn Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)					

FOR OFFICE USE ONLY

FILED

FEB 1 9 2015

Myla a. Eldudge



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						*	FILE NUMBER
1. IS THIS AN AMENDMENT?	X No	☐ Yes If Yes	s, please ente	the file numb	er in this bo	x →	
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all applic	able boxes a	s fully and	accurate	ly as possible.
2. Last Name	Fit	st Name	Middle Na	ame	Nickname		3. Type of Committee (Check one)
Vibbert	S	techanie	Nico	1-6			Candidate's Principal Committee Exploratory Committee
4. Mailing Address Springvalle		\r		5. FAX (Optional)	-	6. E-mail A	ddress (Optional)
7. City	State	ZIP Code	8. County	() 9. Te	elephone (Day)	<u> </u>	10. Telephone (Evening)
Indols	IN	46231	Marion	(31)	1,258-11		317,258-1114
11. Party Affiliation X Democratic ☐ Libertarian ☐ Repu	blican [7	Other	12.0	1 . <i>T</i> .			required for an exploratory committee.)
_ `			l in all applic	able bayes			ely as possible.
13. Full Name of Committee (Do not about				able buxes a	as runy and	accurate	as possible.
Stephanie V	idob	ent for	Counc	cial			
14. Mailing Address	s a new a	ddress		15. FAX (Optiona	1)	16. E-mail	Address (Optional)
17. City	State	ZIP Code	18. County	19. 7	elephone	20	D. Committee Organization Date
Indols	IN	46231	Marion	η (3)	17,258	-1114 ^	1M-DD-YY) 2 -S-15
21. Chairperson's Full Name Des	ignate Ca	andidate as Chairpers	on	his is a new chairp	erson		
22. Mailing Address	s a new a	ddress		23. FAX (Optiona))	24. E-mail	Address (Optional)
Same				()			
25. City	State	ZIP Code	26. County	27. 1	elephone (Day)		28. Telephone (Evening)
29. Bank or Other Depositories (List all	banks or	other depositories in	which the committe	e deposits funds, I	nolds accounts, re	ents safety de	() posit boxes or maintains funds.)
		,					
30. Exploratory Committee (Give brief sta	tement expi	aining purpose of an explo	ratory committee only.)	31. Salaries and	d Reimbursemer	nts (Will the o	committee pay the candidate a salary or copy of the contract.) No S
SECTION C. APPOINTME	NET OF	TOPACUDED	(10.0.0.1.14)				
32. I, as Chairperson of th		TREASURER			Signature	of the Com	niftee Chairperson
committee, appoint the following Treasurer of the Committee.			- Frue			sun 1	V. 2
	ate cand	idate as treasurer	Check if this is a	new treasurer			·
David trye			_ 	r		·	
34. Mailing Address D Check if this		address Dr		35. FAX (Optiona		36. E-mail	Address (Optional)
37. City	State	ZIP Code	38. County		Telephone (Day)		40. Telephone (Evening)
1-rdpls	IN	46231	Marion	(3	17,258	-1114	()
		APPOINTMEN					
41. I give notice that I accept Committee. I am not the chair					~ 7) /	erson Acce	epting Appointment
permitted for a candidate commit				o (oxoopt do	Law	14-	⊅
الراقة المناز ال		F STATEMENT					FOR OFFICE USE ONLY
We certify as the candidate an examined this statement. To the l						have	Same at the control of the control
42. Typed or Printed Name of Cha			Chairperson	, correct and or	Date (MM-DD-	YY)	FILED
Stephanie Vibber	À	Stoke	i V Usser	<u>_</u>	2-5-13	S	
43. Typed or Printed Name of Car		Signature of		1	Date (MM-DD-		FEB 1 3 2015
Stephanie Vibbert		Itohon	in Viller	1	2-5-19	5	
Warning: State law requires that any o							Myla a. Eldridge
who knowingly files a fraudulent report report as required by the Indiana Campa penalties (IC 3-9-4-16, IC 3-9-4-17, and	ìgn Finan	ce Law commits a Cla					



POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R9/9-09) Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

	FILE NUMBER
1. IS THIS AN AMENDMENT? X No ☐ Yes If Yes, please enter the file n	umber in this box →
SECTION A. COMMITTEE INFORMATION: Fill in all applicable bo.	
2. Full Name of Committee (Do not abbreviate)	3. Acronym or Abbreviated Name (if any)
YES 4 Beech Grove City Schools	
4. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a	new address 5. E-mail Address (Optional)
7717 Dornack Dr.	o. E-mail Address (Optional)
6. City State ZiP Code 7. FAX (Optional)	8. Telephone 9. Committee Organization Date
	(317) 850-5249 MM-90-736-2015
10. Is this committee registered with the Federal Election Commission? Yes No 11. Is this comm	ittee a "Legislative Caucus Committee" under IC 3-5-2-27.3?
12. State the purpose of the committee and on which issues the committee expects to foc	cus. O D 10 O11
Depatrice and Construction Reference	m for Beech Grove City Schools
13. Name and address of any connected, affiliated, sponsoring organization, corporation, 114. Is this committed	tee supporting a political party's entire ticket? Yes No
I UFOUD, OF INCIVIQUAL.	tion if applicable: Democratic Libertarian Republican
Other	
15, if supporting or opposing a public question, state both the subject of the question AN	D the committee position.
	dum-for Beech Grove City School:
16. Chairperson's Name	17. E-mail Address (Optional)
Harvey Warrner	hoosier_harv@yahoo.com
18. Mailing Address	19. Telephone (Day) 20. Telephone (Evening)
135 E. Brunswick Ave, Indals, 46227	(317,979-1808)
21. Treasurer's Name	22. E-mail Address (Optional)
Cathy Statzer	cstatzero bocs. Kid. IN. US
23. Mailing Address	24. Telephone (Day) 25. Telephone (Evening)
7717 Dornock Dr. Indpls, IN 46231	(317,788-4481 (317)850-5249
26. Custodian of Records' Name	27. E-mail Address (Optional)
Cathy Statzer	Ostatzer@bacs.Ki2./N.US
28. Mailing Address	29. Telephone (Day) 30. Telephone (Evening)
7717 Dornock Dr. Indpls, IN 46237	(317) 788-4481 (317) 850-5249
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposit	s funds, holds accounts, rents safety deposit boxes or maintains funds.)
Fifth Third Bank	
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)	
32. I, as Chairperson of the foregoing committee, Person Appointed Treasurer	Signature of the Committee Chairperson
appoint the following person as Treasurer of the	~~ ~)
Committee. (MNIG SUU)	Hong W Wow
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)	
33. I give notice that I accept the duties and responsibilities of Treasurer of this Con I am not the chairperson of any other campaign finance committee.	emittee. FOR OFFICE USE ONLY
34. Typed of Printed Name of Treasurer Signature of Treasurer	Date (MM-DD-YY)
Cathu Statzer (athu Statzer	1/21/16
Cooling Park	
SECTION D. CERTIFICATION OF STATEMENT	red this statement
I certify that I am the duly appointed Chairperson of the Committee and have examing to the best of my knowledge and belief it is true, correct and complete.	1ed this statement.
35. Typed or Printed Name of Chairperson Signature of Chairperson	Date (MM-DD-YY) FEB 1 9 2015
1.1	1/2/15
Warning: Any information contained in this statement may not be copied of sale or used for any commercial p	Wirmone (IC 2015) State Invi
requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person of	who knowingly files a fraudulent
report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as requestions of accurate report as requestions of the commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil conditions (IC 3-9-4-16) IC 3-14-1-14.	uired by the Indiana Campaign



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK, SEE INSTRUCTIONS ON REVERSE SIDE.

·			· ·				FILE NUMBER
1. IS THIS AN AMENDMENT	「? [X] No	☐ Yes If Ye	s, please ente	er the file n	umber in this bo	x →	
SECTION A. CANDIDA	TE INFOR	MATION: Fil	l in all applie	cable box	es as fully and	accura	tely as possible
2, Last Name	Fin	it Narne	Middle i	Name	Nickname	-90	3. Type of Committee (Check one
Schnolder		Lance	7	-			EKCandidate's Principal Committe
Schnerder 4. Mailing Address		me (1700		Gne		· · · · · · · · · · · · · · · · · · ·	Exploratory Committee
•	7	v- 10 -		GINE 6. FAX (Opti	onai)	6. E-mail	Address (Optional)
10739 Ches Lawrence	Prau	719 Codo	7.	.11. 3			
Lawrence	IN	11/221	a. County		9. Telephone (Day)		10. Yelephone (Evening)
11, Party Affiliation	7.	70076			(317, 473.	<u>5550</u>	()
☐ Democratic ☐ Libertarian ☐ Re	apublican M	Other:	12.	Office Sought	(include district numb	er, if any, i	Vot required for an exploratory committee
SECTION B. COMMITT	EF INFOR	MATION: EI	l in all applie	cable bay	as as fully and		
13. Full Name of Committee (Do not	abbreviate)	Check if this is	а леw name	Canle DOX	es as runy and	accura	tely as possible.
Committee (Do not 14 Mailing Address Check lift	Plan	+ 1000	Sahne	م مام			· ·
14. Mailing Address Check if the	nis is a new ad	dress	Conne	15. FAX (On	tionali	18 E	il Address (Optional)
10739 Chesan	10	Dut C.				IO. LANG	Address (Optional)
17. City	State	ZIP Code	18. County	Ц) 19. Telephone	L	20 Compiles Ossessialis a
10739 Chesap	7	11/22/	Ma	cia.		655	20. Committee Organization Date
21. Chairperson's Full Name	Designate Can	didati as Chairman	On Chock W	this is a new ci	(317)473	10000	1-20-10
		di Cilampers	OII CHECK II	uno io e new Ci	rairperson		
22. Mailing Address Check if th	le le a new ad	drake		192 EAV (Oa)	1111		
				23. FAX (Opt	orial)	24. E-Mai	Address (Optional)
25. Clty	State	ZIP Code	26. County				
	State		20. County		27. Telephone (Day)		28. Telephone (Evening)
29. Bank or Other Depositories (List			J			· · · · ·	J()
SECTION C ARROWEN	TENT OF	rae vellaca	// C A A A A A	reimbuream	ent for lost wages? If \	/03, attach	committee pay the candidate a salary of a copy of the contract.) No Ye
SECTION C. APPOINTM 32. I, as Chairperson of	the foregr	INEASURER	(10 3-9-1-14)	<u></u>	161	-1-1-	
committee, appoint the follow	ring person	_ 7.1.				- 1	amittee Chairperson
Treasurer of the Committee.	- '	<i> </i> e e	n A. T	9410-	La	nc (Schrua
33. Treasurer's Full Name Des	~		Check if this is a	i new treasure			
Helen H. 12 34. Walling Address Check if the				35. FAX (Opt	lonal)	36. E-mai	Address (Optional)
6533 Spare	(011)(1)(1)	1 C+		()	·		, , , , , , , , , , , , , , , , , , , ,
37. City	Stato	ZII Code	38. County		39. Telephone (Day)		40. Telephone (Evening)
Lawrence	TU	46236	Man	ion	317,823	- 5693	
SECTION D. ACCEPTAN	VCE OF A	PPOINTMEN	T (IC 3-9-1-1	5)			
41. I give notice that I accep	t the dutie	s and responsi	ollities of Trea	surer of th	is Signature of Pe	rson Acc	epting Appointment
Committee. I am not the cha permitted for a candidate comm	irperson of	a cilmpaign fin	ance committe	e (except a	ne f ./.	/ /	7 . I
		STATEMENT	-		Allen 1	(- 3	aye
We certify as the candidate a			aimerson of	the Commit	ton and that we	Day 10	OR OFFICE USE ONLY
examined this statement. To the	best of our	r knowledge and	belief it is true	, correct and	d complete.	usve /	Z
Typed or Printed Name of Cl	hairperson	Signature of		·	Date (MM-DD-Y	n	A PK
Lana J. Schn	e der	- Zem-	. Schi	red	1-21-1	5	付上色心
13. Typed or Printed Name of Co		Signature of			Date (MM-DD-Y	<u></u>	3 7
Lana J. Schner	dor	Lane	'() N A	חמונים	1-21-1	, I	FEEL 18-2015
			,	, , <u>, , , , , , , , , , , , , , , , , </u>	, ,, .		% /2
Warning: State law requires that any who knowingly files a fraudulent repor	CCOMMINS A C	JBBB D Telony (IC 3	.74.1.73 A norse	nn who folia to	file a manufalla an an-		Myla to Bedridge)
eport as required by the Indiana Camp penalties (IC 3-9-4-18, IC 3-9-4-17, and	Paidn Finance	Law commits a Clas	s B misdemeanor	(IC 3-14-1-14)	, and may be subject t	o civil	S
	110 3-3-4-16).	***					/ W Z
							N 0



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FII	ш	N	П	NΛ	В	E	R

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?	☐ Yes	X	No

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	v name				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number					
	()			
4. Mailing Address (address where all campaign finance correspondence is received) 3939 Priority Way 5. Do #400	Check if this	is a new address			
5 City State 7IP Code	6. Party	Affiliation (if applicable)			
Indels, In 4/6240		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CANDIDATE INFORMATION (For Candidate's	Committee	es Only)			
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independe	nt Candidate		
Samuel L. Odle					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cour	nty of Residence			
IPS School Board At-LARGE					
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY		
11. Check one:		Check one:			
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con			
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Uniquing Treasurer (within 10 days amend Statement	of Organization)	Post-Co	nvention		
12. Reporting Period:	•	COLUMN A	COLUMN B		
From: January 12014 Through: December 31, 8	2014	This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		2275,44			
14. Cash on hand and investments January 1, current year.			2215,44		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)					
15b. Unitemized					
15c. Add lines 15a and 15b in both columns SUB	TOTAL				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	**************************************			
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)			<u></u>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1200.	1200.		
17b. Unitemized					
17c. Add lines 17a and 17b in both columns	BTOTAL	1200.	1200.		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1075.44	1075.44		
19. Debts OWED BY the committee (use Schedule D)					
20. Debts OWED TO the committee (use Schedule E)					
CERTIFICATION			EUD UEEIUE HISE UNI A		

I CERTIFY THAT LHAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasure Date Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

FEB 19 2015

Myla a. Eldridge



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER						
Page 2	of	2	_			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Committee to Elect DAU.D HAMPTUL		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$500	\$ 500	w117/14
Bently for IPS 4929 Cornelius 46208		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$250 ·	1250	10/14/14
Triend of Ladier Echols Pou 88874 Indpotes 44208		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$250	4250	10/10/14
Committee to Elect David Hampton		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1200	\$ 200) 0/2d14
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$120000		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$170000		



No

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ▼ Yes

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization)						
FRIENDS OF CHUCK PREWER						
2. Acronym or Abbrevlated Name (if any)	3. Committee (317)	Telephone Number 414-232	9			
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this is a i	new address				
5. City, State, ZIP Code 1 NDIANAPOLIS / N 46227	6. Party Amia	ation (if applicable) EPUBLIC/	4 N			
CANDIDATE INFORMATION (For Candidate's C	ommittees O	nly)				
7. Full Name of Candidate (Include any nickname) CHARLES "CHUCK" BREWER	8. Party Affilia	ation or if Independen	t Candidate			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of	Residence 4 RIGN				
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		L Pre-Conv				
Final/Disbands Committee (lines 18, 19, and 20 must be '07) Outgoing Treasurer (within 10 days amend Statement of	f Organization)	☐ Post-Con	vention			
12. Reporting Period:		COLUMN A	COLUMN B			
From: 1/1/15 Through: 4/3/15		This Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.		1100				
14. Cash on hand and investments January 1, current year.			1100			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		/ Ja e= 96	1.10 = 66			
15a. Itemized (use Schedule A)		6485	6405-			
15b. Unitemized		4 4 - 69	(. 0 - 15			
15c. Add lines 15a and 15b in both columns	TOTAL	6485	6485			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL '	7585	7585			
EXPENDITURES	1112					
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2055	205520			
17b. Uniternized						
17c. Add lines 17a and 17b in both columns	STOTAL	20555	2855			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	5529 5°	55295			
19. Debts OWED BY the committee (use Schedule D)						
20. Debts OWED TO the committee (use Schedule E)						
OFFICIALION			OR OFFICE LISE ONLY			

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE Date (Andidate (if applicable)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

FEB 17 2015

Myla a. Eldredge



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMB	ĒR	
Page		of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1. GORDON SMITH 8311 (OUNTRY CHARM DR. INDIANAPOUS, IN 4234	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100 °°	100 66	1/9/15
2 DALE TAUKE 215 LIHDEN AVE LAKE FOREST, (L 60045	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/5/15
Contributor's Occupation (il required) 3. WILLIAM BRUZZO 1851 E. IST STE 900 SANTA ANA, (A 92705)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	25000	25000	1/4/15
AMY STANSFIELD 10159 OUTRIGGER LN FISHERS, IN 46037	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500	500	1/15/15
5. CLARK REHME 11715 FOX ROAD STE 400-153 1NDIANAPOUS, IN 46236	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	2500	2500	1/15/15
	THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

FILE NUMBER				
Page _	2	of	6	
rage_				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(Street, number, city, state, ZIP code) 1. JOSEPH PELLMAN 901 N. RILEY AVE. INDIANAPOLIS, IN 46201	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	50°°	50°	1/15/15
Contributor's Occupation (Il required) TIMOTHY PHELPS 520 E. NEW YORK ST. APT. 4 INDIANAPOUS, IN 46202	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/15/15
3. SCOTT KREIDER 3. SCOTT KREIDER 3. ON HILD NY CT INDIANAPOLIS, IN 46227	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/15/15
Contributor's Occupation (if required) 4. COL. JAMES SWEENEY 11 S. MERIDIAN ST. INDIANAPOULS, IN 46204 Contributor's Occupation (if required) ATTORNEY	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500°	500°	1/15
5. MICHAEL ALERDING 5822 EASTVIEW Ct. INDIANAPOLIS, IN 46250	Contributions: Direct	50	500	. 1/15
	THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

	FILE	NUMBE	R	
Page _	3_	of	6	

	- CONTRIBUTION	COLUMN A	COLUMN B	DATE
	E OF CONTRIBUTION R OTHER RECEIPT	AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
INFO REQUESTED	ibutions: Direct n-Kind (describe) r Receipts: nterest	6000	6000	Y15/15
DEBORAH CLARK 1205 N. ALABAMA ST. 1NDIANAPOUS, IN 46202	ributions: Direct In-Kind (describe) or Receipts: Interest	00 20	10000	1/15/15
MARK ARBONEAUX 7737 SHANNON LAKES INDIANAPOLIS, IN 46217	tributions: Direct In-Kind (describe) er Recelpts: Interest Loan Misc. (specify)	1000	1000	1/15/15
CARLOS MAY 3444 AKLESFORD LN	ntributions; Direct In-Kind (describe) ner Receipts; Interest Loan Misc. (specify)	5000	50°	1/15/15
KIRK GRABLE 4529 PANTHERA LEO CARMEL, IN 46074		500	500	1/15/15
Contributor's Occupation (if required)		2/000		
SUBTOTAL THIS	PAGE OF SCHEDULE A	\$ 36000		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMBE	R	
	, , , , , , , , , , , , , , , , , , , ,			
Page _	4	of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1. RUSSELL HARVER INFO REGOESTED	Contributions: N Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	5000	50°°	1/15/15
Contributor's Occupation (il required) 2. KAY SPEAR 516 W. EDGE WOOD RA. INDIANAPOLIS, IN 46217	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	100000	1/15/15
Contributor's Occupation (il required) 3. TIFFANY SHARPLEY 10874 PLEASANT VIEW LN FISHERS, IN 46038	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	250°°	25000	1/13/15
Contributor's Occupation (il required) ATTORNEY MARK BISHOP 2422 CHESTHUT ST. COLUMBUS, IN 47201	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/15/15
Contributor's Occupation (If required) 5. DAVID ROSENBERG 3410 BOXWOOD DR. INDIANAPOUS, IN 46227 Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	5000	50°	1/15/15
SUBTOTAL	THIS PAGE OF SCHEDULE A	1 6		
TOTAL OF ALL PAGES OF SCHEDULE	EM 15a of the Summary Sheet) •		- • •



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMB	ER 	
Page	5	of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1. JEFFERSON SHREVE 725 E. MARKWOOD AVE. INDIANAPOLIS, IN 46227 Contributor's Occupation (il required) EXECUTIVE	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	250ª	250°°	1/15/15
Contributor's Occupation (il required) 2 COURTNEY PAPA 1001 ERWIN ST. ELKHART, IN 46514	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	50°°	5000	1/15/15
Contributor's Occupation (If required) 3. CAROL COMER 10541 DUNES Ct INDIANAPOLIS, IN 46239	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/15/15
Contributor's Occupation (if required) 4. LINDSEY MOSS 501 WOODRUFF PLACE INDIANAPOLIS, IN 46201	Contributions: Contributions: In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	100=	1/15/15
5. ERIC HOLCOMB 8530 SILVELEAFCE. INDIANAPOUS, IN 46278	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	10000	10000	1/15/15
	L THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Of the Property of the Prope

Itemized Contributions and Other Receipts

	FILE	NUMB	ER	
Page _	6	of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code) 1. DANIEL LOPEZ 3209 E. 10th St. APT 4 BLOOMINGTON, IN 47408	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100000	10000	1/15/15
Contributor's Occupation (if required)				
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
3.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	-		
Contributor's Occupation (if required)	Contributions:			
4.	Direct In-Kind (describe)			
;	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	AL THIS PAGE OF SCHEDULE	A \$ /00 00		
THE PLANT OF SCHEDING	E A ON THE LAST PAGE ONL	Y , 79 3500		
TOTAL OF ALL PAGES OF SCHEDOL	TEM 15a of the Summary Shee	0 \$ 2.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILI	E NUMB	ER	
Page _	1	of	ł	

SHOP 22 E. WASHINKTON ST. Interest Loan Misc. (specify) 2. ARNETT MANAGEMENT Solutions: Misc. (specify) 2. ARNETT MANAGEMENT In-Kind (describe) SOLUTIONS Other Receipts: In-Kind (describe) Other Receipts: Interest Loan Interest Loan Misc. (specify)	. , ,
ARNETT MANAGEMENT SOLUTIONS LOUIZ AUCSONVILLERD. FISHERS, IN 46038 Contributions: ARNETT MANAGEMENT In-Kind (describe) SOCOTIONS Interest Loan Loan Misc. (specify) Contributions: ARIGHT'S GYMNASTICS Contributions: ARIGHT'S GYMNASTICS	15/15
3. WRIGHT'S GYMNASTICS Contributions: IN Direct In-Kind (describe) In-Kind (describe)	1/15/15
GREENWOOD, IN 46142 Other Receipts: Loan Misc. (specify)	1/7/15
4. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	
5. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 10.50 99 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Finter total on ITEM 15a of the Summary Sheet) \$ 10.50 99	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page	l of l

MUST	be itemized on this schedule lover \$200 if regular party committee).			a a lumbu n	DATE
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	FROST BROWN TODD PAC 201 N. ILLINOIS ST.	Contributions: Direct In-Kind (describe)	10000	00000	1/15/15
	INDIANAPOUS, IN 46204	Other Receipts: Interest Loan Misc. (specify)	100	100	
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)	-		
		Other Receipts: Interest Loan Misc. (specify)	_		
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)	_		
5.		Contributions: Direct in-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
	CURTOT	AL THIS PAGE OF SCHEDULE	A \$ 00 00	2	
	THE ALL PACES OF SCHEDIL	I F A ON THE LAST PAGE ON	Y . 100 =		
	(Enter total on	ITEM 15a of the Summary Shee	90 ' '		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts lotated on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NU	MBER
Page		of

party committee).		OCH LEGISL A	COLUMN B	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. FRIENDS OF ROM BYRON 1512 N. DELAWARE	Contributions: Direct In-Kind (describe)	10000	10000	1/6/15
INDIANAPOUS, IN 46202	Other Receipts: Interest Loan Misc. (specify)			
2 JOSE EVANS FOR INDY 7644 BANCASTER	Contributions: [X] Direct In-Kind (describe)	500	500	1/15/15
1 NDIANAPOUS, IN 46268	Other Receipts: Interest Loan Misc. (specify)			
3 FRIENDS OF JEFF CARDWELL 3205 MADISON AVE.	Contributions: Direct In-Kind (describe)	5000	50000	1/15/15
INDIANAPOUS, IN 46227	Other Receipts: Interest Loan Misc. (specify)			
FRIENDS OF MIKE MCQUILLEN P. O. BOX 50022	Contributions: Direct In-Kind (describe)	5000	5200	1/3/5
INDIANAPOUS, IN 40250	Other Receipts: Interest Loan Misc. (specify)			
5 SAMUEL SOLUTIONS	Contributions: Direct In-Kind (describe)	500	500	1/15/15
P.O. BOX 1245 INDIANAPOLIS, IN 46206	Other Receipts: Interest Loan Misc. (specify)			
	L THIS PAGE OF SCHEDULE	A \$ 1650°	ė.	
TOTAL OF ALL PAGES OF SCHEDUL		Y s		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
Page _	2	of _	Z	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
" CRIMSON MERDIAN LLC 55 MONUMENT CIKCLE INDIANAPOLIS, IN 46204	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	7500	75000	1/2/15
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	-		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 71/1000		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	!	of	1		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Chas But Sheld Cross Blue sheld P.O. Bon 68086 Chainnath, Oh 45206		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	5∞ °°	50°°	2/2/15
DI W. WASHINGTON (NDI MULPO CIS, IN 46264)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: FEES	4550	4550	2/2/15
REPOBLICAN PARTY 475. PENNUYWANIA INDIANAPOCIS, IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	15/0°	/5/0°°	15/15
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-	·	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA		\$ 2055 ⁵⁵		
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	the Summary Sheet)	\$ 2055		